Oct. '50

THE CHILD

OCTOBER 1950

BETTER HEALTH FOR MEXICO CITY'S MOTHERS AND CHILDREN

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IN ALL civilizations since ancient times children have been a subject of concern on the part of philosophers, educators, and genuine statesmen with a sense of responsibility for the future of their peoples.

All through the turbulent life that Mexico has lived we have always given our children as much care and protection as the times permitted.

This was true even in the days of the Aztecs. Sahagún, a trustworthy historian, relates that in the pre-Cortesian epoch the aborigines had great respect for children and treated them with utmost tenderness, extending this feeling even to the midwives who brought them into the world.

In modern times we have continued to do our best for our children, especially after the revolutionary period, 1913–15, during which all work for children suffered from upset conditions.

In 1920 the Government began to reorganize all services for children. At the same time volunteer organizations and individuals also took part in the country's efforts to improve the health of mothers and children. A newspaper campaign for this purpose, called "Pro Infancia," was launched in the columns of *El Universal*. Under the sponsorship of this newspaper the first Mexican Child Congress met in Mexico City in 1921. This Congress still meets.

In the same year the Department of Public Health began to hold an annual "Children's Week." This has developed into a real celebration. Mothers and children come to the Department's headquarters, and receive gifts; the staff members do vaccinations, distribute leaflets, and give talks on infant care.

During the first Mexican Child Congress a distinguished pediatrician suggested that the Department of Public Health establish child-health centers. This suggestion led to creation of two such centers in Mexico City.

A few years later the same pediatrician proposed that a Child Health Service be created in the Department of Public Health, and that more child-health centers be established, especially in the poorer quarters of the city. Both these suggestions were carried out, and by early in 1930 there were 14 child-health centers in the city.

In this up-to-date building, with modern equipment, is housed Mexico's model maternal and child-health center, which is described here by two members of the center's nursing staff.

An important development about this time was the formation of the National Child Welfare Association, under the patronage of Mexico's first lady, the wife of President Portes Gil. This association carries on its work under the technical direction of the Child Health Service of the Department of Public Health.

Soon the School of Puericulture was created, independently of the Department of Public Health. In order to supply the country with a greater number of physicians trained in child care chairs of pediatrics were founded in the Faculty of Medicine and in the Army Medical School. A milk-distribution center, modeled after the "Goutte de Lait" in Paris, was established to provide milk prepared under sanitary conditions to the poor infants of the city.

Today, in Mexico City, health services for mothers and children are organized as follows:

1. Preventive care is given through health centers and special maternal and child-health centers.

2. Medical care includes (*a*) hospital care; (*b*) out-patient care, given partly through the maternal and child-health centers and partly through the Children's Hospital; and (*c*) specialized medical care.

3. Social assistance includes the following services: Children's breakfasts, day care, foster-home care, nursery schools, family allowances, mothers' clubs, volunteer committees, and adoption committees.

4. Health education is given by physicians, nurses, social workers, and teachers in the various agencies.

There are now three model institutions in Mexico City: The Children's Hospital, the Soledad Orozco de Avila Camacho Health Center, and the Gen-

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eral Maximino Avila Camacho Maternal and Child Health Center. The last-named is the one to which we shall pay special attention, since it was the first of its kind, with specialized staff and equipment meeting modern scientific standards.

This center was inaugurated by the President of the Republic, General Don Manuel Avila Camacho, February 17, 1946, and began operations in June of that year, with the following services: Prenatal, postnatal, polyclinic, epidemiological, social-service, and day-care service. The need was soon felt for other services to make the basic services more effective, and so a maternity service and a newborn and premature-baby service were founded; others, including a mental-health service, were planned.

The work of the prenatal service is to watch over the health of the mother and the coming infant. To this end, with the assistance of public-health nurses, the service attempts to teach the people that they should come to the center for consultation even before marriage, so that they may be assured of entering married life in good health and able to have healthy children. All attending the service are given a thorough health examination. Functional tests and laboratory analyses are made, special attention being paid to detection of venereal disease.

Persons whose tests for syphilis are positive, or doubtful, are sent to the syphilis unit, where a complete check-up is made, not only of the individual but of the family group. The public-health nurse explains to the patient the need for treatment. She also tries to convince his contacts of the need for diagnosis and treatment.

Tuberculosis work is done in cooperation with the other departments. Every patient admitted is fluoroscoped, and children are routinely given a Mantoux test and are X-rayed as necessary.

The department with which the patient is registered is asked to make the epidemiological study. When a case has been located, the whole family and the contacts are checked and the source of infection is sought; these persons are followed until the antituberculosis campaign of the Departments of Public Health and Welfare takes over.

Dr. José F. Díaz, of the health center's mental-health service, notes a child's reactions to certain toys. Dr. Díaz has studied in the United States under a grant from the Children's Bureau.

While patients are awaiting consultation a nurse gives talks on health matters, including nutrition, emphasizing that the center wishes to help them have a normal pregnancy and urging that they bring their children to the center for advice on medical care and health protection, especially feeding.

When medical examinations and laboratory tests have been completed, the women receive passes entitling them to enter the maternity hospital. Five days after delivery, if the case is a normal one, the woman is discharged, and the nurse or midwife visits her home as needed. If further medical care is required, the visiting physician is notified.

From the time of the infant's birth he is the responsibility of the pediatricians and pediatric nurses. This supervision is continued in the home, and the mother is advised as to his care and feeding. This helps to reduce the number of deaths in the first days after birth.

The pediatric service was created to keep children in good health, especially those under the supervision of the center.

Children are cared for from birth to puberty as long as they are permanent residents of the zone served by the center.

The epidemiological service is well-equipped for the prevention of communicable diseases. It is under the direction of a communicable-disease specialist and a public-health nurse. On the staff are two nurses who do immunizations and biological tests ordered by the pediatrician.

What the visiting nurses do

The visiting nurses attached to this center work with children as well as adults related to them who reside within the zone served by the center. Their activities include:

1. A health census, through which the nurses become familiar with the child's environment, taking the family as the unit. A family folder is used for recording data.

2. Immunizations.

3. Investigation, reporting, and supervision of cases of communicable diseases.

4. Cooperation in locating sources of infection and control of contacts.

5. Health education, especially with respect to prenuptial, marital, prenatal, and postnatal hygiene; health of the preschool child and of the child of school age; health of the adult; and environmental sanitation.

Public-health education is carried out by the nursing staff of the General Maximino Avila Camacho Maternal and Child Health Center, through home visits, through the prenatal service, and in the postnatal and preschool services.

FOR THE HEALTH OF THE WORLD'S CHILDREN

MARTHA M. ELIOT, M. D.

World Health Organization Stimulates Governments to Improve Maternal and Child Health

ALTHOUGH ACCURATE and reliable statistics exist only in a small number of countries, we are probably under- rather than over-estimating the actual situation today when we state that in many parts of the world one out of every four babies born alive dies in infancy. The importance of the Maternal and Child Health Program of WHO to the total work of the organization is also shown by another fact, that at least two-fifths of the world's total population consists of children and youths under 18 years of age.

The World Health Organization is promoting the health of the world's children. The programs aimed at overcoming communicable diseases and strengthening national health services are of utmost importance to children.

In all its efforts WHO keeps constantly in mind the necessity of adapting techniques and methods developed in one country to the local conditions and customs of another. It has long been known that local superstitions, taboos, and customs may seriously hamper the introduction of new health practices. WHO is seeking the advice of experts in the fields of social anthropology and health education in order to help its nurses, doctors, and other health personnel working in the field to give the best advice possible on how to mobilize the cooperation of the people for the carrying out of the necessary improvements in health measures.

WHO's direct approach to child care is carried out by the Maternal and Child Health Section of WHO, which was established in 1948. Its work is guided to a great extent by recommendations made by the first WHO Expert Committee on Maternal and Child Health, which met in Geneva, January 1949.

Perhaps the most important of all the recommendations of this Expert Committee was the one urging governments to establish official administrative divisions of maternal and child health under the direction of well-qualified and experienced specialists, and to promulgate the necessary legislation for this purpose.

World Health Organization programs are of the utmost importance to mothers and children.

Among the proposals made by the Committee I would like to mention the following as being of particular interest to this Congress:

(1) Stimulation of research and investigation of conditions affecting the well-being of children.

(2) Provision of technical information in the form of monographs and bibliographies.

(3) Sending of expert advisers and demonstration teams to countries requesting them, with emphasis on

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A LOOK AT OUR TRAINING SCHOOLS

RICHARD CLENDENEN

THAT COMPLEX and unique institution, the training school for delinquent children (generally just called the training school) does one of the most difficult of all jobs for children. It is difficult not merely because such a school must meet the diverse needs of round-the-clock living. It is difficult chiefly because delinquent behavior grows out of a tremendous variety of human needs, which the training school must try to fulfill. Again, the training school has not had as much public understanding and support as many other types of agencies working for children. This is not surprising, for delinquent behavior violates the rights of other people, and the public demands that such behavior be curbed and controlled.

Delinquent behavior may result from a variety of causal factors. It may result from an acting out of inner conflict. With older youth, it may result from lack of support—moral and financial—by his family, from lack of supervision, and from lack of a place in society. It may result from exposure to communities where delinquent behavior is a normal way of life. However, the mere pointing out that delinquency may result from a variety of causal factors does not fully indicate how complex are the needs that boys and girls bring to the training school. Whatever the cause of the delinquency, each child is an individual who has achieved certain levels of growth and development, who has his own peculiar background of experience, his own special human relationships, his own ideas, his own loyalties, his own personality.

Many communities still lack adequate services and facilities for the care of dependent children, mentally retarded children, and children with other special physical or emotional handicaps. Even in communities where these services and facilities are available, the lack of effective diagnosis before a boy or girl is committed may bring to the training school a number of children for whom its program is unsuited. A training school serving such a community is called upon to meet an even wider range of human needs than is a training school that receives only the type of boys or girls for which it is planned.

Gradually, however, fewer children who are dependent or neglected rather than delinquent are being committed to training schools. This is what we would expect, as services to such children are improved and extended in the child's own home or community. These developments are resulting in a change in the relative number of different types of children committed to the training school—such schools now receiving a larger proportion of seriously disturbed children, and a smaller proportion of fairly stable boys and girls who help to balance the group as a whole. We are already feeling the impact of this. Facetiously but with an element of seriousness, one training-school administrator listed a need for "more stable youngsters" as a primary one in his program.

This shift in the composition of the training-school population has been slow and gradual, and its impact is not yet fully apparent in some of the less urban States. But we have little expectation of a change of direction in this trend. Indeed, as better services to children are developed in local communities, it is logical to anticipate that the training schools will be called upon to work with an increasingly large proportion of seriously disturbed children. On the whole, we have not yet faced up to the implications of this development. Certainly, it requires a regearing of our programs. If we are to meet the needs of a larger proportion of seriously disturbed boys and girls, for example, we shall have to have increased psychiatric, psychological, and case-work services.

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For more flexible programs

The training-school program is complex because it must be geared to meet widely diverse needs. It is complex because its program must encompass the whole gamut of services and facilities necessary to meet the demands of 24-hour care. Meeting these demands requires flexibility in programing. There is a notable development in this country in achieving greater flexibility; in establishing what I would call better-balanced training-school programs. Differences between training-school programs naturally emerge from differences in the age and sex of the groups served, from variation in the location and financial resources of the schools, and from many other factors. In the past more basic differences resulted from the varying philosophies and concepts of function upon which the programs were based. Some of these concepts led to a lack of balance in programing, when one service or one aspect of the program was developed at the expense of others. Some schools, for example, went all-out for vocational training, trusting that the acquisition of certain vocational skills would somehow equip the majority of their youngsters with the tools necessary to work out a successful adjustment to society. Others developed strict military regimes, hoping that the rigid inculcation of habits of obedience would somehow result in conformity to the demands of organized society. More recently some schools have gone on a psychiatric

binge, apparently determined to treat every delinquent as a sick child.

Each of these types of programs falls short of meeting the highly diversified needs of the youth it serves. More and more the training schools are trying to make more effective use of a wide variety of training and treatment resources. One youngster may require special educational help; another a period of controlled training. One may need intensive relationship therapy; another, relief from the demands of close personal relationships. One may need to acquire vocational skills; still another may need a chance to grow and develop free from warping influences in his own home or community. To meet these needs requires the selective use of experiences in group living; of recreational activities; of educational and vocational-training programs; of religious influences; and of psychological, medical, and social services. These facts not only emphasize need of flexibility in the training-school program, but also suggest that each and every aspect of that program is a part of treatment.

Increasingly training-school administrators are emphasizing that neither clinical, nor educational, nor any other one set of services can encompass the treatment program. The way we get up, the way we go to bed, the food we eat, and, most important of all, the network of human relationships in the training school, all form a part of treatment and contribute to or detract from it. Indeed, unless the total program is oriented in terms of a common treatment philosophy, the effectiveness of any specialized service will be greatly impaired. This fact cannot be overemphasized. Truly all care is treatment.

This concept recognizes every staff member as a member of the treatment team. We should not engage a person for maintenance work routines, for example, without considering how he will influence the social growth and development of the children. The mere fact that he is absorbed in maintenance duties is no insurance that boys or girls may not identify themselves with him. Indeed, he may represent the only channel for reaching a particular child. As we recognize that each staff member is important as part of the treatment team we find we are paying more attention to staff development.

A staff-development program must rest, first of all, upon a selection process that screens out persons who cannot be successfully trained on the job. More and more in both selecting and orienting new employees we are emphasizing the fact that work in the training school will involve continuing guidance, direction, and training.

We are broadening the time-honored method of orienting new employees by the simple device of assigning them to work for a period of time with an older staff member. Institutions are recognizing that good job performance grows out of a philosophy. The time and effort needed to teach fundamental concepts must be taken if an adequate staff is to be the result. The mere acquisition of techniques borrowed from another employee is not enough.

A staff-development program must include all members of the staff, though the content and scope of training may differ in degree or kind between one group of employees and another. Certain concepts, a basic philosophy, must be common to all staff. Only when this is true can we have the teamwork so essential to effective treatment. We have learned the lesson well that one employee may in a very brief and limited contact undo the carefully planned work of many others.

Good supervision for staff is getting more attention too. We are adding more administrative personnel to training-school staffs. This development recognizes that adequate supervision is time-consuming and that it consists of much more than a job-checking process. Its goal is to aid the supervised person to grow and develop on the job. Through regular conferences each employee is helped to evaluate his own job performance and to gain understanding and insight into both the dynamics of the job and his own reactions to its duties.

During the past year a large number of training schools have begun, or extended, in-service training courses for all or part of staff. These courses have ranged from 1-, 2-, or 3-day institutes to year-round classes. An example of the longer training period is an intensive course provided for cottage personnel in a training school in the Middle West. In an adjacent State another school established a field-work unit for graduate social-work students, a project that required the cooperative efforts of the training school and the school of social work, and of the State welfare

Acquiring a vocational skill may fulfill one child's need; another may require something different. To meet children's needs, training schools must use a variety of treatment resources.

department, which pays the salary of the supervisor of the students.

The training school's effectiveness, however, cannot be measured entirely in terms of its internal services, for its program is affected by the services of many other agencies. In selecting children to enter the school, for example, an important role is played by the court. Again, the intake will be affected by the work of agencies providing foster-home care, when they accept children who might otherwise be placed in a training school. After children leave a training school, they need various after-care services to help them adjust to the community. In some States these services are provided by the training school itself, but in many they are provided by various other agencies.

Teamwork needed

Each of these programs, including the training school, is in some measure supported by the others. Each program is adversely affected when there are gaps in supporting services. These facts show the need for close cooperation among the agencies involved. They also point to the need for broad social planning in relation to all socially disadvantaged children. This is a problem that reaches beyond the training school, but one in which the training school has a vital stake. Unless workers professionally knowledgeable carry continuing responsibility for such planning, others less qualified will do it for us. We cannot afford to limit our concern to the particular program we administer.

In no community in this country is there a fully adequate and comprehensive program of services for socially disadvantaged children, including delinquents, even though committees concerned with broad social planning are or have been active in a number of States. These bodies are trying to identify the several services required for a comprehensive program and to find ways to relate the services more effectively.

In several States the results of these activities are taking their most dramatic form in proposals for administrative reorganization of the services involved. I shall not argue here for or against any particular reorganization plan. Whether or not some administrative reorganization is desirable, or necessary, will depend upon the specific situation in a State or community. I must point out, however, that need for sweeping administrative reorganization of services may result from our own failure to plan broadly in relation to the needs of children.

Unless we develop sound working relationships between agencies giving services to children, unless we move together in developing a broad, comprehensive program of services, thorough administrative reorganization of our services may be the only means to achieve these ends.

Most commonly, proposals for administrative reorganization of services, including the training schools, are taking one of three forms:

One proposal is to place training schools for delinquents within the administrative structure of the State welfare department, the department that is responsible for many services for other socially disadvantaged children.

The second is to group these schools under a single governing board, which may also be given responsibility for administering some additional services in behalf of all the schools.

The third is to create a new department of government charged with administering all existing services for delinquent children. This plan, generally referred to as a youth authority, usually contemplates the establishment of certain new services.

I have said that I would not argue here for or against any particular reorganization plan. The plan adopted should be patterned to best meet the needs of a specific situation in a given geographical area. These needs vary so widely that theoretical arguments for or against a specific plan seem meaningless.

Administrative reorganization, of course, may bring certain gains. A combining of resources by several training schools may enable them to command jointly certain services which individually they could not support. If a single administrative agency is responsible for the supervision or direction of the schools the services of several agencies may be geared more effectively as well as certain duplications eliminated. It may be that no agency within a given State is now organized to establish necessary new services, or in a position to establish them. However, if a plan for administrative reorganization is to be effective, is to make a positive contribution to the welfare of children and youth, several principles should be observed.

We must recognize, for example, that no mere reorganization plan will meet all the problems of the training school or of any other service. It will not automatically bring forth a larger supply of qualified personnel or increased financial support. It will not spontaneously fill gaps in present services. These are basic problems for which there are no easy answers. To contend that a reorganization plan will solve them invites public disillusionment.

I have mentioned the close functional relationships which the training-school program bears to several other services. The training school cannot stand alone. Any plan to reorganize a portion of these services must recognize these relationships. It must further them and build upon them. It must gear into the pattern of present services, a pattern which varies from community to community. Establishment of a new agency or extension of an old one that cuts across the functions of several other agencies may result in competitive rather than coordinated services.

There is danger, too, that in our efforts to coordinate, relate, or integrate services we may lose sight of the identity of each. This danger is increased when the training-school programs are administratively merged with large multifunctional agencies that carry responsibilities for other programs besides services to children, such as the public-assistance programs in State welfare departments.

Training school is complex

The training school represents a highly specialized service. Within its program youngsters should find a secure and rewarding way of life. If they are to find this, they must find satisfying human relationships, a variety of educational opportunities, and good physical care. This requires many social, medical, and educational services. These services must be geared to the

highly diverse individual needs of the youngsters it serves. And while all this is going on the training school is required to take fairly substantial measures to maintain physical custody of its wards.

Indeed, a training school is more than a State service. It is a physical part of the community in which it is located. This makes it more accessible to public scrutiny than are many related services. Also, the occasional and inevitable forays upon the community by boys or girls from a training school intensify public concern and criticism. Needless to say, the training-school program requires highly skilled administration, as well as public understanding and support. It cannot be administered from a distantly located central office. Nor will properly qualified administrators be attracted to a position having the status of errand boy. Successful administration of a training school is a full-time job requiring a high degree of skill, imagination, and patience. If this job is to be done successfully, it must include large responsibilities for the direction of staff and program. An advisory body for each school, concerned only with this school program and working directly with its administrator, may be helpful in giving guidance to its program and in establishing and maintaining public understanding and support. A reorganization plan must recognize these basic facts.

Some forward steps taken

I have said that these reorganization plans have grown out of efforts to develop better-related and more comprehensive programs of services. To what extent have such plans, when adopted, achieved these ends? Certainly, gains have been made. In some States where the training schools had been seriously subject to partisan politics, reorganization has placed the schools under a State civil-service system or, at least, under a stabilized nonpolitical board of control. Some new and extended services have been established. Notable in this area are psychological-testing services and parole or aftercare services that are shared by two or more State training schools.

A few of the reorganization plans adopted contemplate (1) a thorough study and diagnosis of each child after he has been committed and (2) referral to the facilities and services that best meet his individual needs. In no State, to my knowledge, have adequate diagnostic procedures yet been developed in connection with this plan. No State has available the battery of services and facilities needed to make the plan fully operative. The reasons for this are clear. First of all, the highly trained personnel necessary to man these services are limited and difficult to secure. Secondly, the services planned are expensive and require larger appropriations than have been available.

Unless enough personnel are available to provide clinic services—psychological, social, and medical—both for the training schools and for a central reception and diagnostic unit, I question whether such personnel should be concentrated in the latter facility. Study of a child is a continuing process. And for good treatment the clinical staff and other personnel in the training school need to get together daily.

We need more treatment facilities

One further word about the development of facilities. Much has been said in the past few years about establishment of small treatment facilities specially designed for treatment of the emotionally disturbed delinquent child. I have heard papers that would give a visitor from Mars the impression that such facilities are an accomplished fact. Such is not the case. In only 1 of the 48 States has such a facility been established under public auspices. A few other States have developed new facilities for the care of the older and more aggressive juvenile offenders.

However, a number of new training-school programs, designed either to serve a previously unserved racial group of youngsters or to reduce the load on existing facilities, have been established. Between 15 and 20 new State facilities have been added within the last 10 years. Many others have been created under private auspices, including boys' ranches, many of which have been established in the Southwest.

Workers in the training-school field have long emphasized that delinquency is a problem that must eventually be solved in the homes and local communities. Present demands on the training schools and on other services for socially maladjusted children do not show that we are approaching that goal. Nor is there apparent reason to believe that we shall during the next few decades. If this is true, the training

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If children are to find a secure and rewarding way of life they must have not only good physical care, but also satisfying human relationships and a variety of educational opportunities.

ENCOURAGING INITIATIVE IN CONVALESCENT CHILDREN

MAREE BROWER

ONE DANGER for a child in a long illness and convalescence is that he may begin to feel dependent. His stay in institutions may lessen his initiative because he gets so much satisfaction from being ministered to constantly. He may become so used to the protective atmosphere of the hospital that he dreads discharge, when he will have to go back to his family and to the competition of his usual activities. Many children with handicapping conditions who are in hospitals or convalescent homes must face the disturbing future—life at home with these physical limitations. What will it be like? he wonders.

His fears may be increased by psychological problems. Children need, wherever they are, a background of emotional security created by affection, and wise, understanding attention. This background may be difficult to provide in an institution. Separation from his family may make a child very unhappy, especially if his parents have failed to prepare him for the separation or to make him feel that they love him, or if they actually do not love him.

A child in a hospital may feel out of touch with the outside world; he has lost, temporarily, the familiar support of family life. A recreational program that brings children together in groups should be able to provide some of the warmth of spirit that the child is missing. Appreciation of him without reservation, shown by a group leader and by other children, may create to some extent a sense of security—the flavor of a family group.

The setting of my work as a student group leader, which was supervised by Professor Raymond Fisher, is Rainbow Hospital, a convalescent institution with a capacity to care for 100 children. Founded in a cottage more than 60 years ago, Rainbow is now housed in a modern, well-equipped building. Around it are 18 acres of gardens, playgrounds, and woods.

Rainbow is in a group of hospitals affiliated with Western Reserve University School of Medicine, closely integrated with them in administration and services.

The hospital, which is for relatively long convalescence, receives funds through Cleveland's community chest but it is also endowed. Few of the families can afford the full amount of the fee set for care but they may receive help from various sources to meet the cost.

Four teachers from the public schools hold classes which each young patient of school age attends for 2 hours a day. Tutors are brought in when necessary. The hospital has a large library for children, a television set, and motion-picture equipment. Well-known entertainers who want to do something for crippled children occasionally put on programs.

While I was working out a recreational program at Rainbow, a story-telling group of volunteers, two Scout leaders—boys' and girls'—and a volunteer ceramics teacher carried on programs independently of mine.

When I began my part-time work with the children at Rainbow Hospital as a second-year student specializing in group work, a big need seemed to me to stand out. This was the need to get the children interested in doing some of their own planning for recreation. Because of the great appeal that a convalescent home for crippled children has for the public, much is done for the boys and girls by outside groups in the way of gifts, programs, and parties. As a result, an attitude of dependency had been fostered among the youngsters at Rainbow. Everything given or done for them they had come to accept as their due and, logically enough, had advanced to the point of demanding more. This attitude came out very strongly when I tried to interest the children in helping to plan their Halloween party but received the response, "Let the hospital do it."

So it came about that I was to encourage the formation of a steering committee of young patients. Such a committee could do more than plan activities; it might also serve as a ventilation point for some of the feelings of the children about being in the hospital. The founding and building of this committee was, I believe, the real focus of the experimental group-work program at Rainbow. Around the activities of this committee developed most of the accomplishments that were discernible at the end of the year.

How to start it? How to interest the youngsters in doing some of their own planning? How to explain the purpose of a steering committee to them? If they did show an interest when I explained it, how should the committee members be chosen—by selection or by actual elections held on the wards?

I talked with the children about a committee whenever I got a good chance, on the wards, in the playgrounds, and in the recreation room. I tried to picture the committee as a sort of city or community council—the children in the hospital would be the com-

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How recreation can be coordinated with medical, nursing, and social case-work planning for young patients who are getting well is the subject of a thesis presented by Maree Brower to the School of Applied Social Sciences of Western Reserve University as part of her work toward the degree of Master of Science in Social Administration.

Miss Brower's thesis describes an experimental program she was assigned to carry out on part time as a second-year group-work student during the school year of 1947–48. Its setting was Rainbow Hospital in Cleveland, an institution for convalescent boys and girls. Miss Brower was assigned to give the children play activities and, more important, a group experience that would be satisfying to them while they were in the hospital and that might help to make easier their change from hospital to outside world.

For THE CHILD Miss Brower has condensed her report on what she considers the focal point of her work. That is the development among the children of a representative steering committee. Building this committee was a means of helping the young patients learn to plan and carry out play activities on their own initiative.

munity and the committee would be their council, on which they would have their ward representatives. Such a council could bring together all the ideas the girls and boys had of what they would like to do and then plan the doing.

At first I was uncertain whether the children were ready to hold elections. I could not tell whether they would be able to select as their representatives boys and girls who could get something started. At the time, the morale on the wards was low; criticism by the children of the hospital and its staff was severe. The children seemed to have no feeling of closeness with one another for any reason, no sense of loyalty toward the hospital as a whole or toward any members of the staff. Perhaps a steering committee could arouse some group feeling.

An election seemed to me to be the best way to form a committee, because of its basic democratic value and its interest-provoking value. It seemed wise to confine the election to the two wards for older children (those over 10 years) but the committee would represent the young children also. Three boys and three girls, then, were to be elected from the two "older" wards.

Right away the idea of an election for representatives on a committee caught on; interest ran high. The children sensed that members elected would be important among their fellow patients. As I talked with the children about any matter, I tried to say something about the qualities to look for in selecting representatives—having good ideas and a willingness to get down to business and to work until a thing was finished. On the whole the children made their choices well. The first six members elected were obviously natural leaders; and the other boys and girls, who were not elected, seemed to recognize this fact.

The children understood that members were elected for a certain length of time, not specified however, after which other children would be chosen in new elections. But the rapid turn-over caused by discharges from the hospital of members of the committee brought about many vacancies at first. In less than 4 months, 16 different children served on the committee. These 16 had a variety of handicapping conditions.

During a long period of illness and convalescence a child may begin to depend too much upon others. Such children need special encouragement if they are to regain their initiative.

Some were able to walk; others came to the meetings in carts, wheel chairs, or beds.

As vacancies occurred they were filled through elections held by the ward to be represented, in many cases when I was not there or even without a suggestion from me. The youngsters often learned before I did of the impending discharge of a committee member and they would tell me that another election must soon be held. The elections were presided over by members left on the wards at the time. The elections continued to arouse great interest.

Meeting together means a lot

In 4 months the committee met 15 times. During that time I could see definite progress in the group. One indication of this was that interest in the committee continued, not only on the part of members but of potential members. The members' interest seemed to hold because although the meetings were for business the children thought of them as social occasions also. That was because membership meant belonging to a small, intimate group different in atmosphere from their living groups and from their classroom groups. Besides, they met in the evening and left their wards for the meetings. Getting off the wards at night was very special indeed. Refreshments were always served. The committee was a mixed group—three boys and three girls—a fact very important to adolescents.

Right at the first I had to do a good deal of the planning. But the children picked up suggestions rather well and finally came to initiating a few ideas themselves. The first project undertaken by the committee was a Thanksgiving party, although as recently as Halloween the children had been unwilling to take any initiative in such planning. Now the steering committee was willing to plan this party and to work on it. (Undoubtedly this response was mainly to gain my approval.) The committee agreed to be responsible for the decorations and for planning and running the games.

The committee asked at once to have the party in the evening, "when parties should be held." This was impossible to arrange but the children of the committee accepted the disappointment philosophically and went on with their plans.

The steering committee decided to give two parties at the same time, one for the younger children and one for the older ones. It would ask to have the help of nurses' aides to manage the party for the little ones, but the committee agreed to help direct the games for both parties. The members began planning the games and practicing them in committee meetings.

The party time came. The decorations were few and sketchy but they were all the work of committee members or of other patients whose help they sought. All members arrived a good half-hour before the appointed time. They seemed excited and nervous. The boys were spruced up, their hair slicked back as never before. Each member checked and rechecked his

games. The two boys who had volunteered to receive the guests stood in the doorway for 15 minutes before anyone was scheduled to come, with pins and name cards ready, discussing exactly how they were supposed to greet guests and to pin on names. One of the girls said that the committee members themselves should have badges. So they printed "Committee Member" on long strips of construction paper and pinned them on each of the six.

The guests assembled. As it came time for each game, I would say whose turn it was, and that committee member would direct his game. He was supposed to wait until he had everyone's attention and then explain slowly what the children were to do. Most of the members followed this plan well. I did have to help several times in clarifying instructions. Most important, the enthusiasm of the committee seemed to transmit itself to the other youngsters so that almost all entered into the games with spirit.

Two of the committee girls helped with the "little kids' party," remembering to leave their own party to run games for the younger ones. The other four members got too much interested in their own party to remember.

Everyone seemed to have a good time. Children exclaimed over the accomplishments of the steering committee. Why, the committee ran the games! The six members were frankly pleased. They seemed to feel the satisfaction one gets from assuming responsibility and carrying it out. Their huge badges seemed to show the prestige they felt in "belonging."

Taking care of the games

The committee accepted other responsibilities during the first month of work. New games, ordered for my use in the program, began to arrive. How should they be cared for when I was not in the hospital so that they would be safe, yet available to the children? Previously, games left on the wards had been broken or parts had been lost. If they were locked safely in the playroom closet during my absence, however, they would be useless.

The steering committee took up this problem. Members showed that they appreciated the difficulties and wanted to help. They wanted the games to be used every day, but they were a bit afraid to pledge their safety. They knew too well how many misfortunes could come to games and toys. Finally two members volunteered to check the games out and in on the days when I was not there, one on the boys' ward and one on the girls' ward. But they asked me to arrange for locks for the game cabinets.

From then on, the committee selected one member from each ward to take charge of the games. They seemed to achieve a certain prestige from doing this job, which the nonmember children freely acknowledged to be one for the committee. The same plan was worked out for the new magazines that had been ordered. In addition, the committee kept track of the magazines that the children liked best.

At Christmas time the committee helped make a decision. All the children were making gifts from materials supplied by the hospital. The committee had the task of keeping lists on each ward of materials needed by each child. Gift making became so popular, however, that the expense went way over expectations. The committee discussed the problem. Quite obviously some limitation was in order. I asked what the members thought about limiting each child to free materials for two presents. They could buy materials for additional presents. One girl spoke up, apparently for all but one member, a boy who at first remained silent. The girl thought that the hospital should supply all the material necessary. I tried to encourage more discussion. Was the hospital obliged to supply more than medicine, food, and such necessities? The children persisted. Their families were paying for their care and the hospital should give them stuff for Christmas presents. Suddenly the silent boy spoke up, to disagree. He himself would pay for extra material; that was only right. His attitude turned the tide. Material for two free gifts was all right.

"Can you tell the other children about this decision?" I asked. They said they could, and they did it well. When next I went on the wards, I found that most of the children understood that they were each entitled to material sufficient for two presents only.

Then came the chess and checkers tournaments. I had noticed much interest on the boys' ward in these two games. I began to talk about a tournament. Interest spread quickly to the girls' ward. A girl member brought the idea before the committee. It took on the job of running a checkers tournament for girls and one for boys, the winners to play for the championship. The chess tournament was to be for the boys only.

The committee grows in stature

About this time the committee members were bothered to find that they could not remember from meeting to meeting what old business they had to consider. They decided they needed one officer, a secretary. At earlier meetings I had suggested having a member take minutes, but the committee was not interested until it saw that a secretary could really help. Then it elected one.

After Christmas, the committee undertook to see that thank-you letters were written to people outside the hospital who had sent presents. Then the two tournaments were over and they wondered how to announce the names of the winners. I asked, "How about a newspaper?" They were delighted with that idea and began at once to select subjects for articles. They had already begun to consider giving a Valentine party, and they set the date for the first issue of the paper at a time when they could report this party.

But before the party or the newspaper debut, a decision had to be made about the length of a member's term on the committee. No election had been held on the boys' ward for some time and several boys wanted to run for office. When the matter was first brought up at a meeting, each member took the discussion as a personal criticism. Finally, however, they understood that it had always been intended that the terms be limited. I suggested a 12-week term, with elections held on the wards every 4 weeks to replace one member. The committee decided that that plan would be all right—if members really had to change. They obviously did not want to, so much group feeling had developed among them.

In getting out their newspaper, the committee worked with a teacher who had supervised newspapers in the hospital in earlier years. Some of the articles were written for class; others were requested by the committee. Members worked on collecting articles, setting up the dummy sheet, running off the pages, stapling them, coloring the front page, and distributing copies on the wards.

As the student leader of this program, I believe that committee membership helped some of the children. They seemed better able to adjust themselves to their handicaps and to group life. Of course I do not claim that progress was startling. Nor would I imply that group experience alone was responsible for any child's improvement. I can think of two girls, however, whose reactions illustrate what happened to several committee members. These girls seemed happier for having belonged to the committee and this happiness carried over into other parts of their hospital lives.

A shy child enjoys membership

There was Mary, a child who obviously needed affection and recognition. She came from a fatherless family of many misfortunes. Her disease, rheumatoid arthritis, very crippling and painful, confined her to her bed or cart nearly all of the time. Mary had two abilities, drawing and singing, but was too withdrawn into herself to take part in games, fearing competition. The child showed great friendliness toward me. Once she told me sadly that she felt sure the others on the ward did not like her.

Mary's election to the committee was a lucky break because she seemed happily convinced that if she had been disliked she would not have been elected. Perhaps for Mary as much as for any committee member, this small group served as a substitute family, with the one adult, me, in the role of mother, and the other children as brothers and sisters.

On the night before Mary left for home, she first decided not to go to the committee meeting. Then she made an excuse to go late. At the end, the little girl took me aside and tried to say, in spite of her shyness and her emotion, what being on the committee had meant to her.

Another girl, Alice, was Mary's opposite in behavior; she was too outspoken. When she came to Rainbow she was a ringleader in much that the hospital staff considered "bad." She was loud and domineering, and she talked back to nurses and aides. Of course, she was bidding for attention; she was expressing her feeling about her illness.

"You know I'll get it done"

Soon after Alice was elected to the committee, she began to use her energy in new directions. When she saw that she gained prestige by assuming responsibility, she volunteered for extra chores and carried them through. She had many ideas and was not afraid to voice them in meetings. I tried to help her to work with the rest of the group so that she had her chance to feel useful but also freely gave others their chances to show what they could do. She angled for open approval, saying to me, "You know I'll get it done," and beaming at my answer, "Of course you will." Once when she was punished by being kept from committee meetings, she took even this great hardship better than she had taken earlier discipline.

While I was carrying on these activities, I had chances to talk with nurses and other staff members about the committee's work. Most of the nurses and aides seemed to realize that the patients should take more responsibility. But a few of them thought this might be brought about by strict rules, such as that the children make their beds and keep the wards picked up. Sometimes the misbehavior of a group of children that had some connection with the recreation program, and had caused a nurse great inconvenience, gave me a chance to talk with her about a remedy. Was it a matter, did she think, that the committee might discuss and perhaps act on? She usually thought so. When the system of checking out games was started, I gave the names of the committee members in charge to the nurses, asking them to help the children carry through their duties.

As I look back over the meetings, I can see a definite flow of program interest. Originally, the members saw their purpose as putting on parties. Later, their idea of the reason for having the committee broadened. From "big" seasonal celebrations, attention turned to directing ward activities. More enthusiasm carried over from a meeting through the week. More and more, the members saw themselves as being in a position of responsibility on the wards. The privileges they had as committee members they guarded carefully; for instance, permission to leave the wards in the evening for their meetings. Deciding to keep minutes was a step toward greater self-direction. In planning to get out a newspaper, the committee showed willingness to attempt something that required sustained interest and regular work.

Members seemed to profit from being together in the meetings and from feeling able to talk freely before an adult. The need of these young people to be with companions of the opposite sex of their own age was met in a small way by these gatherings. Also another adolescent need was partly met—for more and more independence. Of course, I had to check up during the week and to remind some members of their commitments. But that would be true of any group of children of that age; they want to be independent, yet fear to get too far beyond the guiding hand of an older person.

One reason committee members tried to carry through plans they made may well have been a desire to gain my approval. I was a grown-up, they realized, who thought them capable of taking responsibility. Lack of affection at home may have made more pressing for several children the need for gaining the appreciation and approval of some adult.

Not for themselves only

Committee membership may have given the children, indirectly, a little preparation for citizenship, but that is difficult to judge. The ward elections may have taught the boys and girls something about democratic methods of doing things. Duties became theirs because they were elected to office. They planned and acted not just for themselves but for other children whom they represented. Truly democratic government. When these children grow older they may see this, looking back to their convalescent days at Rainbow.

Reprints in about 6 weeks

TRAINING SCHOOLS

(Continued from page 48)

schools of this Nation may be confronted with very serious problems of overloading within the next few years, when our increased child population reaches the ages served by the training schools.

It is estimated that the number of children in the public training schools declined about 29 percent between 1933 and 1947. At that time a decline was to be expected, as intake became more selective. However, another factor—seldom mentioned—that may have been important in accounting for part of this decline, is that the number of children between the ages of 10 and 17 years in the general population decreased 11 percent during the same period. During World War II the birth rate increased sharply. This will not greatly change the number of children 10 through 17 years of age until 1953. By 1960, it is estimated the number will be approximately 50 percent greater than it is now, and the impact upon the training-school programs may be severe.

Many other trends and developments could and should be noted, but space does not permit. I have not talked about the shift that has taken place on the West coast, away from the cottage-parent plan and toward a counselor system. Nor have I commented on some of the experimental projects being carried on in several schools. However, all the developments that I have been able to include, plus the many that I have not, add up to a state of healthy activity, growth, and development. We are not stagnating. True, individual schools are lagging, as will always be the case. But a more significant number are constantly seeking ways and means to improve their programs to the end that children may be better equipped to become adequate citizens. So long as this remains true, so long as we attempt to examine objectively what we are doing and evaluate it, so long as we refuse to become defensive of current programs and practices, the training schools will continue to make an important contribution to the development of American children and youth.

Reprints in about 6 weeks

HEALTH OF WORLD'S CHILDREN

(Continued from page 44)

the needs of underdeveloped countries.

(4) Expansion of the existing fellowship and training program, with emphasis on the training of nurses, nurses' aides, midwives, nutritionists, and health educators, as well as physicians.

(5) Incorporation of teaching in mental health in every program of study for fellows in maternal and child health.

(6) Establishment of a special health-education service within WHO.

(7) Cooperation with UNICEF in the organization of maternity services and all kinds of child-health clinics, including clinics for handicapped children and child-guidance clinics, and the extension of mass immunization campaigns.

In the beginning of its child-health work WHO undertook a number of general surveys to determine the basic requirements of countries, which have been carried out by WHO maternal and child-care consultants in Malaya, Borneo, Singapore, Hongkong, the Philippines, Thailand, Afghanistan, Egypt, and India. These general surveys are useful in providing background information, and are being continued as indicated.

In the eastern Mediterranean region the maternal and child-health adviser is at present reviewing the child-health problems in a number of countries in order to advise on how the most pressing needs can be met in each country. Attention is concentrated on particular problems, depending on the stage of development of the child-health services and how they can be best organized in local areas. In some countries emphasis must first be placed on training medical and nursing personnel. In others, problems of nutrition and infant care, including even the care of prematurely born babies, come first, or immunization against smallpox and diphtheria or whooping cough. In still others emphasis must be placed on tuberculosis in childhood and the use of streptomycin in tuberculous meningitis, or on the use of penicillin in the treatment of syphilis and yaws. As a result of such special studies pointing out specific needs, much assistance has been given to governments by joint WHO/UNICEF planning and action, WHO providing the technical advice and assistance, UNICEF the supplies and equipment.

In addition to such joint activities with UNICEF, WHO provides at the request of governments many special consultation services that affect child health. Thus, Chile and India have had consultation from medical, nursing, and physical-therapy experts in the treatment of poliomyelitis and its aftercare; Finland in discovering the reason for an unexplained increase in infant deaths; the Philippine Islands in establishing its child-guidance program; Venezuela and Yugoslavia in developing a mental-health program, including child guidance; and so on.

To sum up, WHO is a medium through which people can help people, nations can assist nations in attaining health. In the final analysis, WHO will be what all of you here want it to be. In this sense the fate of the world's children, to which the Sixth International Congress of Pediatrics is devoted, will be influenced by the choice each of you is bound to make, by the support that each of you can give. I am confident that, once there is understanding as to what can be accomplished for the health of children through WHO, there will be no lack of support, and that year by year children will come into the world more fit and will grow to a healthier maturity because of your efforts and those of WHO.

• IN THE NEWS

A Grass-Roots Program for Children Develops

The Midcentury White House Conference on Children and Youth is reversing procedures of the four previous White House Conferences. It is beginning in local neighborhoods—not in Washington. When the 5,000 delegates gather in Washington in December they will not expect merely to "take home" a program developed in the formal meetings. They will also share with each other the experiences they have gained

in more than a year of preparatory work in their own home towns and counties. And their goal will be improved local services, services that are tailor-made to meet their own unique, neighborhood needs.

Already, 150 State-wide meetings have been held throughout the Nation. Nearly 1,000 counties have formed White House Conference committees. Fifty thousand lay citizens are now engaged in Conference projects. Fifteen thousand specialists and consultants are working with the State and local committees.

Reports now rolling in from State and county committees all over the Nation repeat the same theme: "We're doing it ourselves!" "Guides and suggestions from the national committee are fine; we welcome them; but we change and adjust them to meet our local needs—it's OUR program."

This probably explains the rapid growth of neighborhood and county organizations devoting their major effort to the conference; likewise the enthusiasm with which they tackle their jobs.

"Bringing fact finding to fruition of action is the end to which the people in our workshop are dedicated almost to a point of religious fervor," reported one Ohio workshop chairman.

In Colorado, a late spring blizzard was raging when a regional meeting was scheduled. The roads were slow and dangerous, but 135 people from 21 counties attended. This persistence is one of the reasons that fact finding has not only been completed in 10 Colorado counties, but public meetings have been held to present the facts and to win citizen support for doing something about them. Exhibits at State and county fairs, in many areas, will be used to display the results of local fact-finding programs and to enlist still more recruits for local action on behalf of children. As in every other aspect of the program, the "typical" conference fair booth does not exist—they are as varied as the activities that produced them.

In the careful survey of every aspect of child life, many surprises occur. Conference workers in one State, for example, discovered that the indenture of children was still legal. True, they found no evidence that any child, in recent years, had been bound out for his labor—but, legally, it could still be done! In another State, convinced that the problems of children of migrant laborers were none of their concern, the workers discovered that they had several hundred such children with problems quite as serious as those in States where migrant labor is a recognized part of the economy.

Literally hundreds of meetings have been held in several States. Questionnaires, as thick as the telephone directories of many towns and villages, have been sent to teachers, housewives, businessmen and laborers. Young people have formed their own committees and developed their own questionnaires. Everyone is getting a chance to give his views about what can and should be done to improve children's chances for growing up into well-adjusted, responsible, democratic citizens.

The answers are piling up; they are being studied; plans are being made. Just as each previous conference has had some major achievement to which subsequent generations have pointed with pride, so the Midcentury White House Conference promises to become famed as the "grass-roots program for children and youth," the program aimed at helping to provide the conditions to enable our children to live as happy and useful citizens.

To Study Hospital Food Services

To give in-service training to dietitian consultants, nutritionists, and dietitians providing advisory consultant service to dietary departments of hospitals and institutions, the American Hospital Association will conduct an institute and workshop on planning and operating hospital and institution food services October 9–13, at Washington, D. C. Sponsoring organizations are the Children's Bureau and the Public Health Service, both of the Federal Security Agency, and the American Dietetic Association.

For the Cerebral-Palsied

A 2-week institute in cerebral palsy, for qualified physicians, nurses, physical, occupational and speech therapists, social-service and guidance workers, and teachers, has been announced by Dr. Philip D. Wilson, President of the Coordinating Council for Cerebral Palsy in New York City, Inc., 270 Park Avenue, New York City. The institute will begin Monday, November 6,

• FOR YOUR BOOKSHELF

THE HANDICAPPED CHILD; a guide for parents. By Edith M. Stern with Elsa Castendyck. A. A. Wyn, Inc. New York, 1950. 179 pp. $2.

Despite the best efforts of the medical profession, there continue to be parents whose children are handicapped either in their senses or in their limbs. For these parents, devoid as they often are of the joy of seeing their child growing up normally, and plagued by fears and feelings of guilt, Mrs. Stern and Miss Castendyck have written this book. As they themselves point out, it is not a general manual on child care, nor is it encyclopedic concerning illnesses, but it stresses "the fact that good principles of child rearing apply equally to the normal and the handicapped."

With an extremely frank survey of the feelings of the parents and an appreciation of what their handicapped child means to them, the authors have tried to relieve the unnecessary guilt of those parents who feel themselves at fault. Very sensibly they point out that the parents' feeling of guilt often results in their smothering the child with attention, or else in being overly demanding. But they also bring out well how human and usual it is for parents to become overwhelmed with the situation of having a handicapped child. Finally they point out the routes that parents can take to get help both for themselves and for the child.

After this general statement, the book is divided into chapters, according to handicapping conditions. These conditions include not only crippling but also cerebral palsy, epilepsy, poor eyesight, impaired hearing, and low mentality. There is a final chapter on chronic illness, particularly stressing rheumatic fever. Each of these chapters provides concrete advice about the particular condition and offers valuable suggestions as to where the parents may turn. It should not be inferred that the book merely consoles, or attempts to minimize the parents' feelings or the child's handicaps. It tries to make more clear the crippling aspects of the handicapped, both physically and emotionally, and to help parents clarify their feelings about the child as they work to help him.

While it is obviously impossible to solve all the problems faced by parents whose children are handicapped, this book, stressing as it does the underlying principles of good child care, can be of real assistance and support.

Henry H. Work, M. D.

YOUR CHILD AND OTHER PEOPLE; at home, at school, at play. By Rhoda W. Bacmeister. Little, Brown & Co., Boston, 1950. 299 pp. $3.

If the title of Mrs. Bacmeister's new book had included the words "social living" it might have sounded too much like a treatise to attract the majority of parents. But social living is the book's theme, and readers will find in it some very thought-provoking suggestions on the dynamic part parents can play in furthering their children's social development. The author digs right down to the roots of living in a world of peo-

ple by devoting two chapters to an explanation of children's early emotional patterns. This serves as a prelude to discussions of play and playmates, of meeting the world outside, and of learning what it means to be one of a larger group. With the problems of rural mothers in mind, one is bound to feel a twinge of regret that the book seems directed almost solely to urban readers—and comfortably situated ones at that.

Mothers interested in the rapidly spreading cooperative nursery school movement will be especially grateful for Mrs. Bacmeister's practical, down-to-earth chapters on "Could we start a cooperative group?", "When neighbors share child care," and "Adjusting to school or play group." This fresh, new material will be hungrily pounced on, for up to now there has been little that those seeking help in setting up informal play groups and neighborhood nursery schools could turn to.

The book is almost a manual for cooperative groups. In addition to such important features as a chapter on learning to supervise children at play, and one on what they learn while at play, there is a good list of play materials, a discussion of the principles on which their selection should be based, and diagrams for the arrangement of play rooms and play yards. Brief lists of stories, poems, and songs for children and books for parents are also included.

The book is written in a simple, friendly style, pointed up with many illustrative real-child incidents. Each mother who reads it will feel that Mrs. Bacmeister is talking directly to her.

Marion L. Faegre

THE SELECTION AND ADMISSION OF STUDENTS IN A SCHOOL OF SOCIAL WORK, by Margaret E. Bishop. University of Pennsylvania, School of Social Work, Philadelphia, 1948. 58 pp. $1.

Every profession wishes to admit only those persons who are well suited to the work of that profession. And since educational institutions offering training for the various professions can admit only a fraction of their applicants, they have become increasingly concerned about the processes used in selection. Various ways of screening are being tried, including objective psychological tests and other methods.

A process that is succeeding in the University of Pennsylvania School of Social Work is described in this report. From the first step, when an interested person writes to inquire about the school, to the last, when an admissions committee accepts or rejects his application for admission, the aim of the various procedures is to give both the school and the applicant opportunity to know more about each other.

The author of the report, who is director of admissions and placement for the school, describes the procedures, which begin when the applicant, at his request, is sent an application blank and a series of questions. The school asks the applicant to describe his education and work experience and to tell what he has gained from his experience in relation to his purpose in applying for training in social work, as well as to state whether he wishes to enter social case work or social group work. He is asked to provide references from his supervisors, as well as information about his health, including a doctor's statement.

The director of admissions carefully studies all this written material and then invites the applicant to the school for an interview. After the interview, which is most comprehensive, and which may reveal attitudes not discoverable in the applicant's written material, comes the interviewer's report to the admissions committee, and then the committee's decision.

Throughout these procedures the school places much stress on the participation of the applicant at every step, recognizing that only through such participation can he determine for himself his interest in the profession of social work and his wish to become a part of it. Similarly the process helps the school to evaluate the ability of the applicant to relate to the school, and, accordingly, to the professional training he will receive.

The first test of the validity of any admission process is the percentage of students successfully completing their first year of training, and in the University of Pennsylvania School of Social Work this percentage is high. It would be interesting for the school to study at some point those students who did not successfully complete their first year and to look for clues to the cause of their failure that might have been noticed in the course of the admission process.

Doris Siegel

CALENDAR

(Begins October 1)

Oct. 2–6—National Recreation Congress. Thirty-second annual meeting. Cleveland, Ohio.

Oct. 9–12—American Legion. Thirty-second annual national convention. Los Angeles, Calif.

Oct. 7–11—National Conference of Juvenile Agencies. Forty-seventh annual meeting. St. Louis, Mo.

Oct. 6–19—Third Pan American Congress on Physical Education. Montevideo, Uruguay.

Oct. 15–20—National Council of Jewish Women. Annual meeting. New York, N. Y.

Oct. 16–19—American Academy of Pediatrics. Nineteenth annual meeting. Chicago, Ill.

Oct. 16–19—National League to Promote School Attendance. Thirty-sixth annual convention. Richmond, Va.

Oct. 16–20—American Dietetic Association. Thirty-third annual meeting. Washington, D. C.

Oct. 16–20—National Safety Council. Thirty-eighth National Safety Congress and Exposition. Chicago, Ill.

Oct. 17–19—American Occupational Therapy Association. Annual meeting. Glenwood Springs, Colo.

Oct. 23–28—Association of State and Territorial Health Officers. Annual meeting. Washington, D. C.

Oct. 24—United Nations Day.

Oct. 26–28—National Society for Crippled Children and Adults. Annual meeting. Chicago, Ill.

Oct. 30–Nov. 2—American Dental Association. Ninety-first annual session. Atlantic City, N. J.

Oct. 30–Nov. 3—American Public Health Association. Seventy-eighth annual meeting. St. Louis, Mo.

Nov. 2–6—National Conference of Catholic Charities. Annual meeting. Washington, D. C.

Nov. 5–11—American Education Week. Thirtieth annual observance.

Nov. 7–10—School Food Service Association. Kansas City, Mo.

Nov. 12–18—Book Week. Thirty-second annual celebration. Information from Children's Book Council, 50 West Fifty-third Street, New York 19, N. Y.

Nov. 16–17—National Committee for Mental Hygiene. Annual conference of the National Association for Mental Health. New York, N. Y.

Nov. 16–18—National Council of Negro Women. Fifteenth annual convention. Washington, D. C.

Nov. 16–18—Family Service Association of America. Biennial meeting. New York, N. Y.

Nov. 30–Dec. 2—American Public Welfare Association. Annual Round Table Conference, featuring the organization's twentieth anniversary. Chicago, Ill.

Illustrations:

Cover, Nelson Fittany for Los Angeles Mirror. Courtesy of Grolier Society.

Pp. 42 and 43, courtesy of Dr. Ignacio Aviles Cisneros.

P. 44, Philip Bonn for Children's Bureau.

Pp. 46 and 48, Archie L. Hardy for Children's Bureau.

P. 50, University Hospitals of Cleveland.

THE CHILD

VOL. 15 NO. 2
OCTOBER 1950

In This Issue

Published 10 times a year by the Division of Reports, Children's Bureau

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Publication of THE CHILD, monthly bulletin, was authorized by the Bureau of the Budget, May 12, 1936, to meet the needs of agencies working with or for children. The Children's Bureau does not necessarily assume responsibility for statements or opinions of contributors not connected with the Bureau. THE CHILD is sent free on request, to libraries and public employees in fields concerning children; address requests to the Children's Bureau, Federal Security Agency, Washington 25, D. C. For others, the subscription price is $1.00 a year; send remittance to the Superintendent of Documents, Government Printing Office, Washington 25, D. C., foreign postage, 25 cents additional. Foreign postage must be paid on all subscriptions sent to countries in the Eastern Hemisphere and those sent to Argentina and Brazil. Domestic postage applies to all other subscriptions.

UNITED NATIONS DAY, 1950

24 October

To the Young People of the United Nations:

The United Nations was created 5 years ago in the name of the peoples of all member countries. That includes you. Young people, as well as adults, have a part to play in building a better world.

All peoples of the world want peace, social progress, and better standards of living. History has shown, however, that national rivalries can lead to disputes, and even wars. To prevent this, the nations of the world must plan and work together in a spirit of "give and take."

In your school and home you learn to give and take. You learn to curb selfish demands and to be a good member of your school and family. In the United Nations, member countries have the opportunity to solve their differences in the same spirit and to live as good members of a world family.

By studying the United Nations in your school and by talking about it in your home you can help bring about a real understanding of its aims and ways of working. What is discussed in homes spreads in widening circles through whole communities, and even through entire nations. In this way you, too, can do much to help spread understanding of the United Nations.

Let us all, from every nation, make a special effort during this coming year to help our countries understand each other better and work together through the United Nations. Let us all be determined that there shall be peace.

Secretary-General United Nations

U. S. GOVERNMENT PRINTING OFFICE: 1950